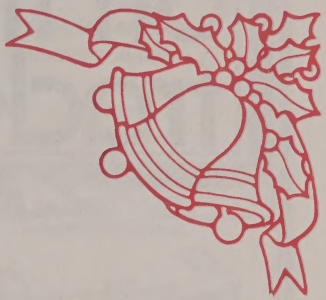
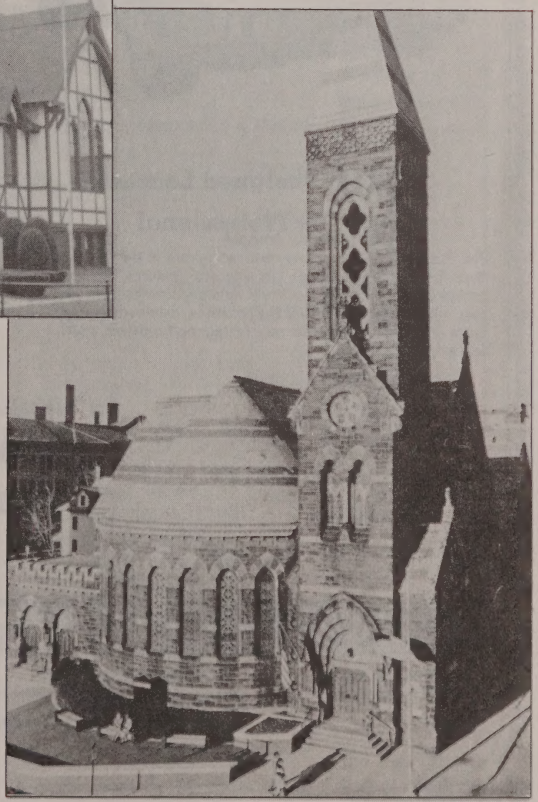
The Hampden Hippocrat

December 1981





Medicine and Religion

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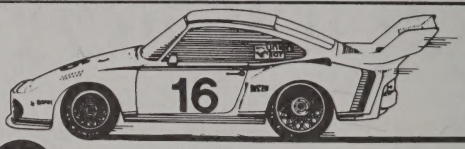

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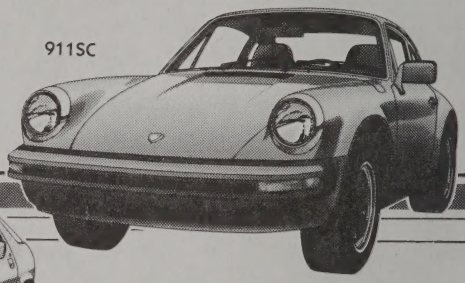

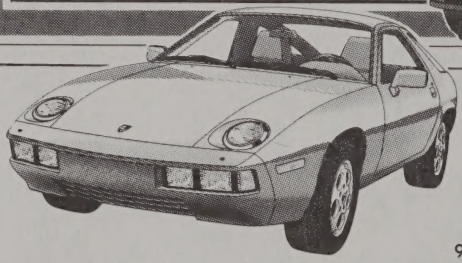

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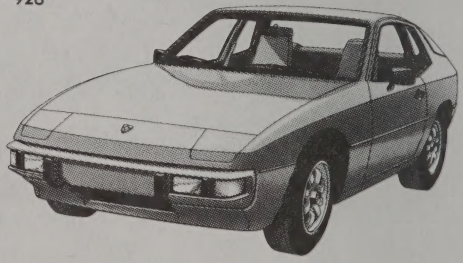

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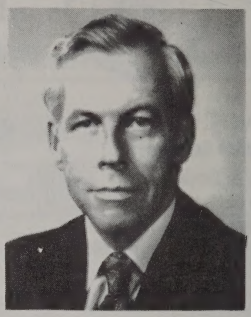

District Meeting

TUESDAY:	January 26, 1982
BUSINESS MEETING:	6:00 P.M.
SOCIAL HOUR:	7:00 P.M.
DINNER:	7:30 P.M.
PROGRAM:	James S. Todd, M.D. Member, Board of Trustees American Medical Association
TOPIC:	"What's It Worth?"
PLACE:	Marriott Hotel
COST:	$10.00 for spouse. (Wives invited)

Legislatores and wives will be invited as guests. Tables will be assigned.

If you must cancel your dinner reservations, call the office before noon on January 26th. If the cancellations are not made before 12 noon you will be billed for your dinner.

Smoking in designated areas only at dinner.

Clip and return to:

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I shall attend the meeting at the Marriott Hotel
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Enclosed is my check for $10.00 for spouse _____
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THE HAMPDEN HIPPOCRAT

1942

DECEMBER 1981 VOL. XXXIX No. 10

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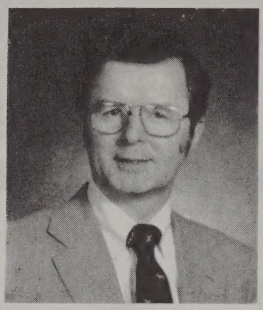

PHILIP B. STODDARD, M.D.
President

PRESIDENT'S PAGE

I would like to direct your attention to two related issues which have occupied our Society this year. The first is Blue Shield and that organization's plans to further control your medical practices by merging with Blue Cross - a bill before the Legislature's Committee on Ways & Means. Mentioned last month was the MMS opposition to it as stated in a letter discussed at the October Council Meeting. A copy of that is provided as an insert with this month's Hippocrat.

The second issue concerns MMS Leadership. Are you directing the course of MMS or vice versa? Does the Leadership hear our point of view? They certainly have heard it more this year than ever before, and Clint Seeley, M.D. speaks to that in his article reprinted from the Middlesex East District Medical Society Bulletin with his permission. It also is included as an enclosure with this month's Hippocrat. Communication with your Councillors so that we may serve you and continue to represent you accurately is vital to the freedom of medical practice and freedom of choice by our patients.

Politics aside, may the Holiday Season this year bring warmth, love and happiness to you and your Families. □

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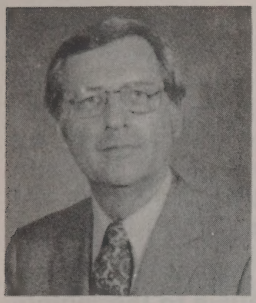

The Three P's Of Religion And Medicine

Religion and medicine meet in the patient. As an ordained Protestant minister for the past twenty-five years, I have become increasingly aware that each human being is a mysterious and miraculous combination of body, mind and spirit. The state of a person's mind and spirit may contribute toward or may hinder the restoration of health and wholeness. Therefore, communication between physician and pastor, and the communication of physician and pastor with the patient is crucial in the practice of medicine and the expression of religion. In relationship to one who is ill, the physician and pastor share a common goal; namely, the restoration of the patient's health. Both physician and pastor need to be sensitive to the factors that effect the body, mind and spirit of the patient.

Not only ministering to parishioners which may number from five to fifteen each week, but also reading such personal testimony as Norman Cousin's in "Anatomy of an Illness" am I sensitive to the interplay of the mind and the spirit and the body. Norman Cousins, editor of the Saturday Review of Literature for over thirty years, is an example of a person whose belief dramatically effected restored health. Norman Cousins, critically ill in the mid nineteen-sixties, was given, by the medical profession, a one in 500 chance of recovery. After months of struggle and searching, he applied the effective use of the positive emotions of love, laughter, hope, faith and a determination to live, resulting in a miraculous recovery from a crippling disease. Now as an adjunct professor of the School of Medicine at the University of California in Los Angles, he is engaged in research with cancer patients on the effect of emotions. From specific case studies, he has revealed in his new book "Human Options" that those patients who are cancer survivors have in common a strong will to live, a confidence in their ability to persevere, a calm attitude about their illness, an optimisim about their possibility for recovery, an attitude of joy in the midst of adversity, and are convinced that treatment will work. The mind and the spirit **does** effect the body. As physicians and pastors,

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we need to be more sensitive to this fact.

As a practicing pastor, I observe that the most crucial fact is not the quantity of health care as much as the quality of health care. The quality of health care, as represented by the skill, training and experience of the physician, is not as much an issue as is the quality of health care embodied in the attitude of the physician. The crucial factor, as I observe it, is the attitude communicated by the physician to the patient.

As I listen to the parishioner-patients, I am sensitive to the factors that create faith and trust in the physician. Where faith and trust, understanding and compassion are communicated, the patient is on the road to recovery, sometimes against great odds. Unnecessary anger, anxiety, fear, frustration and depression do not contribute toward restored health. The patient's attitude toward the physician is often communicated to pastors. I listen to a wide gamut of feelings from parishioner-patients. It is my conviction that the attitude of the patient toward the physician is more crucial in the attempt to cure than is any treatment that might be prescribed. From personal experience, I would endorse the statement made by an associate professor of medicine at Harvard Medical School, Dr. Herbert Benson, the author of "The Mind-Body Effect" when he writes that a doctor's "caring" about his or her patient causes specific physiological improvement. The "caring" I would submit includes taking time to listen to the patient, making every effort to communicate to the patient just what the prognosis is, telling the patient what to expect as tests or treatment are ordered or administered, reassuring the patient through the entire experience, and giving the patient **daily** an opportunity to ask those questions that are foremost in his or her mind. This "caring" also must insure that an attitude of compassion and of understanding may prevail on every physician's visit no matter how disastrous or demanding that particular day may have been. A physician's attitude and a pastor's presence are two sides of a coin that are for the patient-parishioner. Both physician and pastor deal with the healing power of belief. Religion and medicine meet at the crossroads where the three "P's" meet - physician, pastor and patient. □

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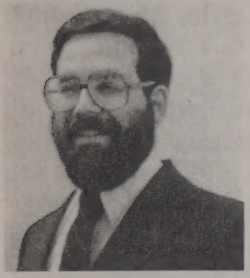

Human Life and Medical Practice: A JEWISH PERSPECTIVE

Jewish law and moral teaching views human life as a virtually absolute value. The Talmud (Sanhedrin 37a) eloquently sums up this view in the following short passage that discusses Adam's creation:

> Therefore only a single human being was created in the world, to teach that if any person has caused a single soul of Israel to perish, Scripture regards him as if he has caused an entire world to perish, and if any human being saves a single soul of Israel, Scripture regards him as if he has saved an entire world.

Hence, in all life threatening situations, the Talmud enjoins the Jewish people to violate nearly all of the 613 Biblical precepts if this will result in the preservation of even one more moment of life. The exceptions to this rule are: idol worship, murder and adultery with a woman married according to the requirements of Jewish law, since life subsequent to these heinous crimes would be nearly devoid of meaning.

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A logical corollary to the supreme value of life is the physician's obligation to attempt to heal the physiological and psychological ills of his patients. Notwithstanding, there appears to be a contradiction between our role and God's role in the healing process. God declares: "For I am the Lord that healeth thee." (Exodus 16:26). This verse is subject to a multitude of authentic Jewish interpretation. At first blush, however, it appears that God is the sole source of cure. Nonetheless, shortly thereafter, we find: "And heal he shall heal." (Exodus 21:19). This verse is interpreted as providing the physician with the mandate to heal. Hence, there exits a dialectical tension within the Pentateuch that may be reduced to the following prosaic question:"Who is the healer of man's ills God or man?"

The answer to this query is two-fold in nature. Neither God nor man are to exclusively seek to heal man's ills. Rather, God and man are to work as partners in their complementary roles in the curative process. This vision, however, is predicted upon the recognition of the preeminent role of God and the awesome moral and ethical responsibilities incumbent upon man. Therefore, the physician must always recognize that although he might be able to draw upon an impressive array of the most advanced technical aids and medical knowledge in the history of mankind, he remains the humble helpmate of the All-Mighty. Thus the physician's task is a holy one, precisely because he is engaged in the holistic physical salvation of beings created in the image and likeness of God.

Rabbi David B. Etengoff

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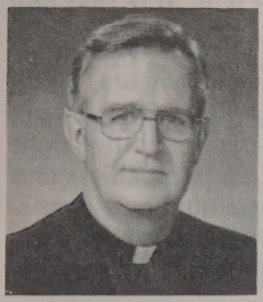

Healing The Patient — The Total Patient

A lead editorial in the AMERICAN MEDICAL NEWS of October 4, 1978 reads as follows: "The AMA believes that improved patient care will result for all patients when physicians and clergymen work together in a team relationship. Each patient's faith his view of himself and his destiny-is a vital factor in his total health. Whether the physician accepts the patient's particular type or degree of faith,is not important; that patient must be treated within the realm of his faith."

Human life and each human being is a composite of the material and the spiritual. These two dimensions of each one of us blend into inseperable oneness. Thus, when an individual is effected by physical illness, it necessarily touches on both the physical and spiritual dimensions of his existence. Therefore the human body, i.e., the physical dimension of human existence, cannot be the final solution for health and wholeness. Total health, total healing of the individual, takes place ONLY when the body and the spirit are integrated into one reali-

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ty. It is that one reality, i.e., the human being, that is ill. It is that one reality that is in need of healing.

Our body is not simply a tool, but an integral part of what we are. Being created in the image of the Creator and placed in this world means that we are called to express God's life to the best of our abilities right here in this world. Human actions and feelings, understanding and emotions are the forms in which the divine goodness must be expressed in this human existance. Thus, our relationship to our God depends on our bodily reality and the condition of our body, i.e., our health.

The church's involvement in health care, and this involvement has been major over the years, has always tried to combine the spiritual concern with a genuine interest in the well-being, the physical well-being of the individual; the total human being. When, as we sadly note in recent times, medical science and the religious developement of the individual have become separated, we then have a situation harmful to both. The present situation, the expression"care of the total patient" often seems to be merely words and nothing more.

The primary role of a Department of Pastoral Care in a hospital, whether the department consist of one person or a group of people, is to ensure the spiritual dimensions of healing. It is one of the responsibilities of the health care facility to foster the integration of spiritual values and the growth of the science and the art of medicine. A hospital that functions as though spiritual values were non-existent can only fight diseases. It cannot integrate into the wholeness of human life the unavoidable reality of suffering and death. Such a hospital and such medical practice does a disservice to human wholeness. It is real cooperation between physicians, medical and nursing staff and a properly trained and staffed department of pastoral care that will go a long way to ensuring the healing of the total patient.

For the physician caring for the medical problem of his patient, it is most important that the patient cooperate in his treatment. For this to happen, it is most important that the patient have the right attitude towards his illness and towards himself now and for the future. He must be helped to understand that his sickness is not a punishment, not an irreversible fate that must be borne in numbness and anger. In addition, the patient's family must be assisted in dealing with the new situation. To give this spiritual/emotional support to patient and family is one of the more obvious tasks of the pastoral care department or the hospital chaplain. In providing this support, in providing this form of healing, the physician is given valuable assistance. As a result of this cooperation, the healing of the patient, the total patient, is facilitated.

Rev. Neil F. Decker, S.J.
Director
Department of Pastoral Care
Providence Hospital

Highlights Of November Executive Committee Meeting

Committee met on November 17, 1981.

Dr. Janovsky, Chairman of Membership was present to talk about members.

The financial status of the Committee on Education & the Library was discussed.

The budget for 1982-83 will be presented at the December meeting.

The minutes of the October meeting were accepted.

The Public Health Committee is planning TV Health Programs.

An ad hoc committee to be known as The Physicians Ethics Committee is being planned and will handle internal physicians problems.

A report on the Accreditation of the Hampden County Jail was given by Dr. Stoddard.

Mrs. Purdy gave a Chief Executive Officers report of a recent meeting of County Executives held in Cincinnati.

The problems of Medicaid payments were discussed again and letters are on their way to the Massachusetts Medical Society.

Revised Bylaws were reviewed with some suggestions made to Dr. Allan, Chairman.

Dr. Hough gave a report of the Medicine/Business Coalition Committee that was organized recently.

The meeting was adjourned at 10:25 P.M. □

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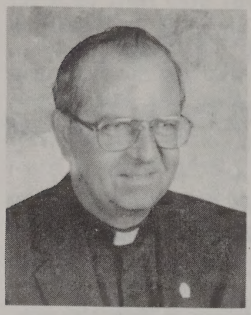
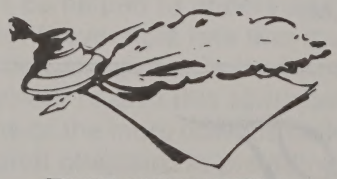


Christmas In Poland

Poland is much in the news lately. Peace in that country is a more intense wish as we approach the Christmas season. The Polish Christmas customs are very intertwined in the life of the people and the life of the church. That may easily be due to the fact that Chistianity has been in Poland for over 1000 years. Wherever Poles are they bring their customs with them. Immigrants have been coming to the U.S.A. since Colonial days, and they have added a special touch to the celebration of the Christmas season. Families still arriving recently from Poland experience American customs while we experience theirs.

In Poland the preparation begins with the Advent season and going to the special Masses called "Rorate" which give special honor to the Blessed Virgin. During this time the children write letters to St. Nicholas (feast day Dec. 6) asking for different toys but promising to be kind in their behavior.

The Vigil of the feast of Christmas or "Wigilia"as it is called is a fast day. The food was lenten and its choice had rich symbolism of Christmas. The "Oplatek" or white bread had a place of honor at the table. It gave a sense of unity and brotherhood no matter where in the world Poles would find themselves.



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A piece of hay would be under the tablecloth to indicate the stable. The even number of people at the table symbolized the twelve Apostles. The white tablecloth indicated the covering over the child. The taking out from under the tablecloth of a long piece of hay indicated long life. Some homes had stalks of corn in the corners of the house to be a sign of a bountiful harvest in the new year.

With the coming of dusk, the children look for the first star with emotion. When they discover it, the bread is shared as a sign of love. Thus begins the miraculous night of the birth of Jesus.

After the evening meal and the sharing of gifts, they sing "koledy" or Polish Christmas carols until the midnight Mass to which all in the home go. The authentic Polish celebration of Christmas is very religious.

Here in our parish of Immaculate Conception we observe basically the same Polish customs, however, they will be influenced by American customs.

Perhaps one would not leave a place at the vigil meal for the lost traveler. Stalks of corn might be out of place on a carpeted floor. We prepare commercially for Christmas way back in early October. The carols are still nice but many of them lack a religious theme. Children get gifts from Santa, (not the saintly St. Nicholas) sometimes without promising an improvement in behavior. Families are so separated by different circumstances that it is not possible to get the whole family together for a Christmas meal. The American greeting "Merry Christmas" over against the Polish greeting "Happy Feast" lacks some of the religious connotation.

The deep faith and religious fervor of our Polish families enriches the meaning of this great feast in our parish.

With the renewed interest in religious customs it is our hope that Christmas will be again a feast of unity and peace for all men of good will.

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International Medical Service

Most doctors are altruistic, or at least they were when they were younger.

The vast majority of physicians embark upon their career with a recognition of the respect usually awarded a successful practitioner and a desire to merit this respect through service to the afflicted. The psychological pressures of medical training, the economic pressures of the "good life", and the frustrating pressures of governmental regulation and litigious patients tend to dull the idealism which once buoyed our daily activities. For those of you jaded by current environment and bored by repetitious experience, I can recommend nothing more rejuvenating than international medical service.

There are a variety of overseas opportunities available for the asking. Developing countries in Africa, Asia, South America and Oceana are in desperate need of medical services. The majority of programs are sponsored by churches of a variety of denominations. Some are clearly evangelical, with emphasis on saving souls along with restoring health. Others separate medical and religious functions to a varying degree. The most liberal welcome physicians of any religious persuasion for periods of two weeks to several years.

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It is not necessary to go abroad to find avenues for volunteer service. Many underserved areas exist in America, notably on Indian reservations. Opportunities to serve the underprivileged have been coordinated by OPTION, VISTA, and other organizations. My own preferences have led me to MEDICO, the medical arm of CARE. I have recorded in previous articles the unbelievable efficiency with which CARE turns contributions from North America into relief, education, and self-help programs in developing countries. Through a combination of foundation gifts, legislative programs, volunteer service, recipient contributions (food for labor), and administrative parsimony, CARE delivers 5 to 6 dollars in overseas programs for each one dollar of private donations. If each of you does not support CARE, you should. There is no better way to express your appreciation for your blessings.

MEDICO is built on the concept of volunteer service. It is an outgrowth of Dr. Tom Dooley's effort to provide medical care to Vietnam refugees. Initially, hospitals and clinics were staffed by volunteer medical personnel to provide care where it was not otherwise available. It slowly became apparent that more could be accomplished by training local personnel to continue health care after the volunteers had left and that effective service must be integrated with local planning. Some 35 training programs have evolved using rotations of "visiting volunteer specialists" to train local physicians to meet local needs with local resources. Physicians, notably orthopedists and opthalmologists, would donate their services one month at a time teaching and demonstrating specialty techniques to practicing physicians and trainees. Most of these programs have met their goals, and MEDICO has now shifted its emphasis.

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The major health need in developing countries has always been primary care and public health. To some extent, CARE has been meeting these needs by building sanitation systems, water supplies, and communication facilities. A major administrative decision has been made to integrate MEDICO more closely with the work of the parent organization in each recipient country. This coincides with an extension of donor countries to Europe and Asia. No longer will North America be the sole support of voluntary contributions to developing nations. This should increase the opportunities for service. I strongly urge those of you in the areas of primary care to consider serving in MEDICO. New opportunities are developing all the time and now is the time you can make the greatest contribution.

For my fellow orthopedist, I can recommend Orthopedics Overseas, now affiliated with World Orthopedics Concern. We are now beginning a program in Ghana and cooperating with established programs in Bangladesh, South India, Sulawesi, and Honduras. I would expect you could duplicate my own experiences in Indonesia and Peru. There I learned much about the reasons why I appreciate the opportunity to live in America in the 20th century. Living in a cold water flat is not arduous in the tropics, but it is different. Having no telephone changes one's way of life. But the attentiveness and curiosity of overseas physicians more than make up for it. I learned to appreciate the amenities I took for granted in the USA by learning how the majority of the world's physicians do without them. It is more blessed to give than to receive, because you receive far more than you give. There is no gift greater than your time and your talent. The need is acute throughout the developing world. You have unique abilities to meet part of this need. You will benefit more than you can imagine. I did, and I will be happy to help you do the same.

Garry deN Hough, III, M.D.

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IN MEMORIAM

ROBERT F. CAHILL

Dec. 10, 1907 - Oct. 27, 1981

Born in Brockton, MA, educated at Holy Cross in Worcester and the Tufts Medical School in Boston, he served his internship and residency at the Mercy Hospital in Springfield. After five years of private practice in Springfield he entered the Navy Medical Corps in 1942, retiring with the rank of captain in the USNR. After the war he returned to private practice in Springfield until illness forced his retirement in 1971. He was a member of the Hampden District Medical Society, the Massachusetts Medical Society, the American Medical Association, and the International College of Surgeons.

It is my priviledge to try to present Bob Cahill, not as revealed by such colorless statistics, but as I knew him under the stress of war and of a crushing terminal illness. The dominant theme, as I review those nearly forty years, is courage. My first close contact developed at the Marine Corps base in the Hawaiian Islands where he was training his medical company for its superb contributions under fire in the subsequent amphibian operations. His award of a Bronze Star mentions his decision to remain under fire on the beach, where he felt his greatest usefulness lay, rather than to move to safer and more conventional medical facilities. No award can reflect the qualities of leadership which he displayed and the inspiration he furnished his corpsmen. One of our senior colleagues once remarked to me "They look upon Bob as an uncle". This same colleague was one of the first to appreciate his courage. One night on Saipan when they were sharing a foxhole on the perimeter of their company Bob was awakened by a Jap, armed with cold steel, who was attempting joint occupancy. Bob forthwith christened an antiquated "horse pistol", which was his pride and joy, and the intregrity of the medical company was preserved.

After resumption of civilian life in 1946 our paths crossed only occasionally at medical meetings until his tragic illness forced his retirement. Thereafter it became my privilege to visit him frequently as his mobility became progressively restricted. But despite the enroachments upon his motor and sensory abilities and almost continuous pain his courage remained as high as on the sands of Iwo Jima and his cheerfulness became an inspiration to all of us who knew him. □

ALLEN S. JOHNSON, M.D.

Springfield Academy of Medicine

An exhibit opened this month at the Connecticut Valley Historical Museum depicting the movement of homeopathy in the Springfield area. A collection of memorabilia of this early art of healing is on loan from the Springfield Academy of Medicine and the Wesson Unit of the Baystate Medical Center. Two crusaders of this branch of the profession are portrayed in their respected interests; Dr. George W. Swazey who was the earliest homeopathic physician, coming to Springfield in 1844 and Dr. J.H. Carmichael who is commemorated for his leadership in the establishment of the Wesson Hospital which opened in 1900 as a thirty bed homeopathic hospital.

This display is held in conjunction with others throughout the Commonwealth in celebration of the 200th Anniversary of the Massachusetts Medical Society.

Hours at the Quadrangle museum are Tuesday 12:00 - 9:00, and Wednesday through Sunday 12:00 - 5:00. Closed Mondays. □

Dear Fellow Members of the HDMS and Springfield Academy of Medicine
RE: **HELP FOR OUR LIBRARY**

Last spring the Academy of Medicine became affiliated with our Hampden District Medical Society. Basically this implied that the Academy Library would continue functioning and serving. These members who expressed their feelings at the medical society meeting overwhelmingly supported the Academy.

Following the affiliation, an assessment for $30.00 was sent to society members. The majority of members promptly responded. Unfortunately 150 members have not returned this $30.00 assessment. This amounts to $4,500.00 and this $4,500.00 is critical for the library to be able to function to the fiscal year.

The Academy library has very clearly shown its value by a significant increase in requests for educational material from the library. Many of the area hospitals, a number of colleges and a number of other organizations have contributed to the library since the affiliation. To those who have given the $30.00 assessment our thanks. To those who have not sent the $30.00 -- **WE NEED IT.** We're counting on each others's support to keep the library going.

Our thanks,

JIM FITZPATRICK

IN MEMORIAM

Dr. Frederick Sherman Hopkins died on October 19, 1981 at the age of 87 years at a local nursing home.

He was one of the most honored and respected surgeons of his time. He was far ahead of his days in knowledge, thought, and skills. He was highly esteemed and loved as a true gentleman by his colleagues and patients during his practice which spanned a half century from 1920 to his retirement in 1970. He was fondly called "Hoppie" by most.

Dr. Hopkins was born in New York City and graduated from Harvard Medical College in 1918 magna cum laude. He was a resident surgeon at Bellevue Hospital for two years after which he started his practice in Springfield in 1920.

He was Mr. Cancer of Western Massachusetts. He opened the doors of the State Cancer Hospital in Westfield in 1937, serving as Chief from 1942 to 1964. At that time, most of the 80 residents which he had trained presented him with a party and scroll for "long hard labors to maintain high standards of the hospital and untiring devotion as chief of staff". He had befriended many of these young doctors.

In 1920, Dr. Hopkins saw the value of and developed the Western Massachusetts Unit of the American Cancer Society, of which he was extremely active in throughout his life lifetime. He was a Director of the Massachusetts Division of the American Cancer Society. He went to cancer conferences throughout the world, wrote many papers, and was considered the local expert.

He was very active and a very productive person during the formative years of the Springfield Hospital, serving as its Chief of Surgery and President of its Staff. He was a motivating factor in developing their residency program.

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"Hoppie" was surgeon at Springfield College from 1922 to 1943, putting many knees and players back together. He is still well remembered for his cheer and availability.

He was a member of the New England Surgical Society, the New England Cancer Society, serving as its president in 1953. He was a member of the Harvard Club of Connecticut Valley, the Springfield Academy of Medicine, serving as its president. Dr. Hopkins was a member of Rotary since 1933, a member of the Salvation Army since 1932, receiving their highest honor of life membership in 1973, a member of the Osler Club and the Gladden Club.

He leaves his lovely wife, the former Mary West; three sons, Dr. Frederick S., Jr. a forestry professor in Ames, Iowa, Dr. Robert W., a surgeon of Milton, Massachusetts and Frank W. of Andover, Massachusetts; a daughter, Martha Booth of Colorado Springs, Colorado; 14 grandchildren; and 5 great grandchildren.

Dr. Hopkins loved camping, tennis, and riding in a convertible with the top down. No one had as much "bounce to the ounce" with tremendous enthusiasm yet great humility. He was a revered teacher, one who led the way teaching by example and by doing.

"Hoppie" will be remembered forever by all those he touched.

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Auxiliary News

For the past several years, the Auxiliary to the Hampden District Medical Society has been working with the Education Department of the Springfield Science Museum on health education programs for children.

The first program developed was called "Touch and See" and was designed around sensory perceptions for the pre-school child. The next two programs are called "Wonderful You" and are designed to give an appreciation of the human body and information on how to maintain good health. Grades K-3 receive an introduction to the skeletal system and grades 4-6 receive an introduction to the heart and circulatory system. The forty-five minute programs offer a small amount of basic education in a way that we hope will stimulate an interest and excitement in learning more about the human body.

The past year, about 800 children participated in the "Wonderful You" programs. This number is about 200 less than the previous year. The dropoff in requests for the programs was due to the effects of Proposition 2½. Many resource programs were deleted in anticipation of school budget cuts.

The Museum of Science is planning a full fledged Health Hall for sometime in the near future. They hope to have auditorium space and an electronic invisible woman with all the body systems and accompanying tapes. Live 15-45 minute programs will be developed by special resource people. The Museum welcomes the Auxiliary's continued interest and involvement in the development of new programs in health education.

The Auxiliary needs more volunteers to help with all of these projects. Direction and training is provided for the docents in the "Wonderful You" programs. There are other areas besides teaching where help is needed.

The Education Department has asked the Auxiliary to design a kit on HEART FITNESS. Special science kits go out to the schools on a rental basis. The museum has resource files containing educational information necessary to developing such a kit. A health education background is not an essential requirement for volunteers. As physicians' wives, we have a built-in sensitivity to the health field and we can be involved in a way that will be compatible with our time and interest.

Please consider joining the committee presently working on this kit. It is worthwhile and exciting work. Education is important to all children and is an invaluable service to the community.

GINNY WALTHALL
Health Education Chairman

Baystate Medical Center

Michael J. Daly of Wethersfield, CT. has been named President and Chief Executive Officer of Baystate Medical Center, effective Dec. 1. The appointment was announced today by Herbert P. Almgren, Chairman of the Board of Trustees.

Mr. Daly, a 39-year-old Hartford native, is currently Associate Executive Director of Hartford Hospital. He has held this position for the past seven years when, at age 32, he became the youngest person ever to attain this post at Hartford's 1000-bed hospital.

As president of Baystate, Mr. Daly succeeds Harry C.F. Gifford who retired as President after 20 years. Dr. Gerald Kerrigan, Vice President of Medical Affairs, has been named Interim President for the next two months.

With this appointment, Mr. Daly assumes the position of leading the largest health care facility in Western Massachusetts. The Medical Center has 4,000 employees, 550-physicians and an annual operating expense budget of $109 million.

Mr. Daly will be responsible to the Board of Trustees for the overall direction and management of the Medical Center, as well as oversee-

HAMPDEN CAPSULES

Dr. Navazio spoke at the Congregational Church in East Longmeadow on Socialized Medicine.

Dr. Angel Morales has passed his oral examination with the American Board of Pediatarics. □

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Fortunately, many people have found relief from debilitating pain through safe, natural, Physical Therapy.

Working through a Physician's referral, the Physical Therapist can very often spare patients the trauma of surgery or the blank euphoria of drug dependence. For the post-operative patient, the Physical Therapist is the link in the health care team that speeds successful recovery. For the sports enthusiast, a Physical Therapist can decrease recovery time from injuries and rehabilitate the athletes for their respective activity.

If you feel Physical Therapy may help you, check with your Physician. Most health care insurances cover Physical Therapy services.

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ing the required level and quality of services provided, with emphasis on patient care.

In announcing the appointment, Mr. Almgren said "The Trustees feel confident Mr. Daly's leadership and extensive background in hospital administration will prove an asset to both the hospital and its patients, and make a significant contribution to health care delivery in the region."

Mr. Daly started with Hartford Hospital as an administrative assistant in 1970. Within 11 months he became an Assistant Director; a position he held for only three years before being appointed Associate Executive Director. As second in command, he was responsible for administering, directing and coordinating all operations of the 4,400-employee hospital and its annual operating expense budget of $126 million.

In Connecticut, Mr. Daly holds numerous professional, academic and community positions, including an appointment to Yale University as a lecturer to its Graduate School of Public Health. He has held directorships to the Hartford County Professional Standards Review Organization, the Hartford County Health Care Plan and the Health Systems Agency. He is currently a Director of the North Central Connecticut Health Maintenance Organization, and holds memberships in the American College of Hospital Administrators, the American Public Health Association and the Connecticut Hospital Association. He is an officer of the New England Hospital Assembly.

In his hometown of Wethersfield, he has been a member of the Economic Development Commision and served on the Town Council, the Ethics Committee, was Chairman of the Shared Services Committee and is presently a member of the Democratic Town Committee.

He has also served as a member of the board to the Ambulatory Health Care Planning Corporation and the Urban League of Greater Hartford. He is currently a member of the Community Council of the

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Capital Region, Inc., and was Vice President of the Wethersfield Jaycees.

He and his wife Judy, a registered nurse, have served as co-presidents of the Chester School P.T.A.

As a Captain in the U.S. Air Force prior to his hospital administration career, Mr. Daly lived in Chicopee, where for four of his five years in the service, he was assigned to Westover Air Force Base. A Vietnam Veteran, Mr. Daly is the recipient of many decorations, including the Air Medal with three Oak Leaf Clusters. As Select, Wave-Lead B-52 Navigator with the Strategic Air Command, he flew 92 missions over Vietnam.

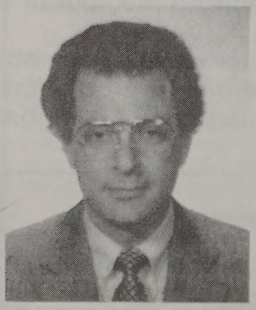
From 1957-59, he attended Suffield Academy Preparatory School where he was a WALKS Foundation Scholar. In 1963, he graduated from Trinity College with a B.A. While there, he was a Capital Area Scholar.

Mr. Daly received his M.H.A. Degree from the University of Michigan where he attended the Graduate School of Public Health.

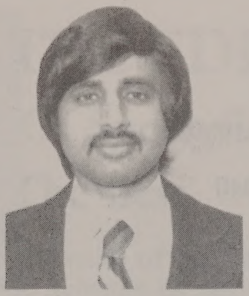
Mr. and Mrs. Daly are the parents of two children, Michael and Jennifer.

WELCOME NEW MEMBERS

Lewis G. Lefer, M.D.
271 Carew St.
Springfield, MA 01104

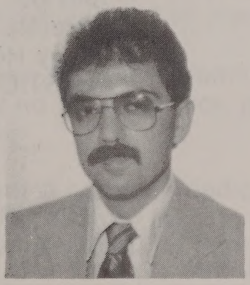


BORN:	December 2, 1943
MEDICAL SCHOOL:	University of Virginia 1965-69
INTERNSHIP:	Duke University Medical Center 1969-70
RESIDENCY:	Duke University Medical Center 1970-74
SPECIALTY:	PATHOLOGY



Ramgopal Malladi, M.D.
1221 Main St.
Holyoke, MA 01040

BORN:	July 9, 1949
MEDICAL SCHOOL:	Andhra Medical College, Andhra University 1966-73
INTERNSHIP:	New Britain General Hospital 1975-77
RESIDENCY:	University of Connecticut Health Center 1977-80
SPECIALTY:	OTORHINOLARYNGOLOGY



Juan C. Penhos, M.D.
264 N. Main St.
E. Longmeadow, MA 01028

BORN:	January 6, 1950
PREMED:	George Washington University Washington, D.C. 1966-70
MEDICAL SCHOOL:	George Washington University Washington, D.C. 1970-73
INTERNSHIP:	Baystate Medical Center 1973-74
RESIDENCY:	Baystate Medical Center 1974-75, Washington Hospital Center 1975-76 Baystate Medical Center 1976-78
SPECIALTY:	SURGERY

—Happy Birthday To Members— For December

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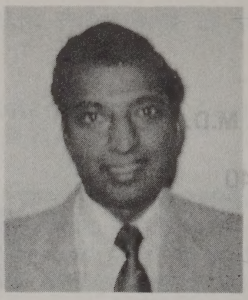
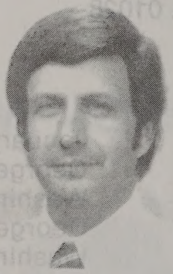


Vinodray R. Shah, M.D.
1221 Main St.
Holyoke, MA 01040

BORN:	January 21, 1943
PREMED:	Senior Secondary School, Mbale, Uganda 1959-61
MEDICAL SCHOOL:	Makerere College Medical School, Kampala 1962-67 Royal College of Surgeons of Edinburgh 1975
INTERNSHIP:	Mulago Hospital, Kampala, Uganda 1967-68
RESIDENCY:	Baystate Medical Center 1978-79 Mercy Hospital Buffalo, NY 1979-80
SPECIALTY:	PLASTIC SURGEON



Stephen J. Sweet, M.D.
2000 Main St.
Springfield, MA 01103

BORN:	February 9, 1944
MEDICAL SCHOOL:	University of Michigan Medical Center 1965-69
INTERNSHIP:	University of Michigan Medical Center 1969-70
RESIDENCY:	University of Michigan Medical Center 1972-75
NEPHROLOGY FELLOWSHIP:	Tufts New England Medical Center 1975-77
SPECIALTY:	INTERNAL MEDICINE-NEPHROLOGY

LETTER TO THE EDITOR

The Children Of Springfield Deserve The Best

The General Laws of the Commonwealth of Massachusetts clearly states that every child in the public schools be separately and carefully examined by a physician duly registered in Massachusetts within six months before entering school and at intervals of either three or four years thereafter.

Children should be examined when absences are frequent due to unexplained illness or those with known physical defects that require repeated appraisal. The physician will examine those children under sixteen and over fourteen requesting employment certificates. And lastly, those children planning to participate in sports should be examined yearly before the children are allowed to play.

Children are encouraged to have their own family doctor do the above examinations but if there is no family doctor, the school physician should perform this function.

In Springfield there is at present a corps of dedicated physicians already assigned to the schools that stands ready to do its duty. Why not use them in the capacity for which they are intended?

However, there are those who would fire the physicians working on a part time basis and hire nurse practitioners to do the job.

I can't imagine these well meaning young ladies invading the locker rooms at the local high schools to do sports physicals. The compliance rate would be very low. Where would the monetary savings be? Would these girls work for the low pay the dedicated school physicians do? I think not.

I think it is about time someone spoke out against the "bad mouthing" given the school doctors by the Springfield Health Department.

Instead of seeking waivers to eliminate important sports physicals and frequent health checks find out what pupils need examinations and have them ready for the school physician when he makes his weekly rounds. We are best trained to perform these duties. □

JAMES A. DOERING, M.D.

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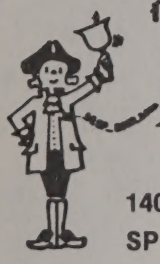

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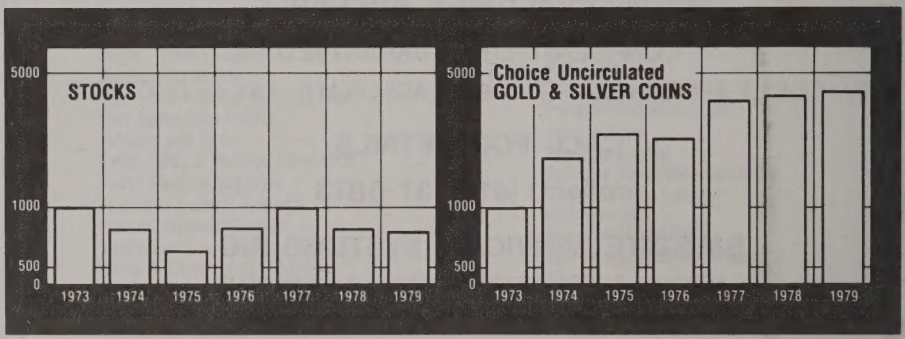

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